

Pro Se 1 (Rev. 09/16) Complaint for a Civil Case

## UNITED STATES DISTRICT COURT

2024 JAN -8 PM 12:00

for the

District of Massachusetts

LeighAnn Britner

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

**Plaintiff(s)**

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Mount Auburn Hospital/Rockland Trust Bank/CMS  
Medicaid

Jury Trial: (check one) ☐ Yes ☐ No**Defendant(s)**

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**COMPLAINT FOR A CIVIL CASE****I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	LeighAnn Britner
Street Address	10316 Sepulveda Blv, Box 185
City and County	Mission Hills
State and Zip Code	CA, 91345
Telephone Number	(339) 293-7002
E-mail Address	leighannbritner.20299@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name	<u>Mount Auburn Hospital</u>
Job or Title <i>(if known)</i>	<u>Ms. Jeanette Clough/Mr. Chad Wable/Mr. Edwin Huang</u>
Street Address	<u>300 Mount Auburn Hospital</u>
City and County	<u>Cambridge</u>
State and Zip Code	<u>MA, 02138</u>
Telephone Number	<u>(617) 492-3500</u>
E-mail Address <i>(if known)</i>	<u></u>

## Defendant No. 2

Name	<u>Rockland Trust Bank, Inc.</u>
Job or Title <i>(if known)</i>	<u>Mr. Christopher Tanger CEO/Mr. Christopher Odeliefson</u>
Street Address	<u>288 Union Street</u>
City and County	<u>Rockland/Plymouth County</u>
State and Zip Code	<u>MA, 02370</u>
Telephone Number	<u>(781) 878-6100</u>
E-mail Address <i>(if known)</i>	<u></u>

## Defendant No. 3

Name	<u>Division of Health &amp; Human Services/Medicaid</u>
Job or Title <i>(if known)</i>	<u>Medical Fraud Division</u>
Street Address	<u>100 Hancock Street</u>
City and County	<u>Quincy/Norfolk County</u>
State and Zip Code	<u>MA, 02171</u>
Telephone Number	<u>(800) 841-2900</u>
E-mail Address <i>(if known)</i>	<u></u>

## Defendant No. 4

Name	<u>Mellisa Shaughnessy-Massey/Michael Anzaldi/Jamil J Campbel</u>
Job or Title <i>(if known)</i>	<u></u>
Street Address	<u></u>
City and County	<u></u>
State and Zip Code	<u></u>
Telephone Number	<u></u>
E-mail Address <i>(if known)</i>	<u></u>

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Medical Fraud/Fraudulent Surgical Procedure/Medical Misdiagnosis.  
Civil Rights: Right to have surgery

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* LeighAnn Britner, is a citizen of the  
State of *(name)* Massachusetts.

**b. If the plaintiff is a corporation**

The plaintiff, *(name)* \_\_\_\_\_, is incorporated  
under the laws of the State of *(name)* \_\_\_\_\_,  
and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, *(name)* Mount Auburn Hospital, is a citizen of  
the State of *(name)* Massachusetts. Or is a citizen of  
*(foreign nation)* \_\_\_\_\_.

## b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.  
 Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

## 3. The Amount in Controversy

The amount in controversy-the amount the plaintiff claims the defendant owes or the amount at stake-is more than \$75,000, not counting interest and costs of court, because *(explain)*:

Due to significant damage from retained surgical instruments, medical equipment, a medical device, a set of twins that have been deceased and have not been surgically removed. Also a male and female reptile that have mated were placed in the stomach and retained since 7/10/20019. A set of vampire bats retained and mated living in various parts of the inner body with excessive bites and abuse.

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

The plaintiff is seeking surgery to have surgical instruments removed with a hysterectomy and removal of a Boston Scientific Spinal Stimulator Cord that is recalled/malfunctioning. The plaintiff also seeks a removal of a set of twins who are deceased and dismembered. The plaintiff also seeks a set of reptiles that have mated, and wildlife a set of vampire bats that have mated removed. Significant damage to the cardiac area with frayed wire from a supraloop and a bulb.

The plaintiff also seeks reimbursement for a surgical scam ran out of Rockland Trust Bank with access to a safety deposit box that was in the her name in the amount of \$5,000,000.00 and given to individuals along with a house paid for in Watertown, MA, 2 mortgages paid off, cars, and for other uses. The plaintiff also seeks punitive damages to the occipital nerves in both of the right and left ears due to a micro radio chip that was embedded in her ears on 7/10/2019 at Mount Auburn Hospital with a connection to Rockland Trust Bank internal server, .

The plaintiff seeks pain and suffering in accordance to the Commonwealth of Massachusetts guidelines for medical fraud, surgical errors, retained surgical instruments, a malfunctioning spinal stimulator cord, a micro radio chip embedded in both left and right ears.

---

## **V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### **A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_

Signature of Plaintiff \_\_\_\_\_

Printed Name of Plaintiff \_\_\_\_\_

### **B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Street Address \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_